

**Application for License to
Operate a Long-term Care Facility****For Office Use Only**
Received 2/15/12
Amount \$510.00

#11814

I. IDENTIFICATION

Name

Rose Manor Health Care

Address

3057 Cleveland Road

City/County/Zip

Lexington, Kentucky 40516

Telephone number

859 299-4117

Administrator

Alfred E. McGregor

Date facility operation began at current address

1964

Date facility began operation under current owner

1964**II. TYPE BEDS**

No. beds licensed

No. beds requested

Skilled

Nursing Home

Nursing Facility

3434

Intermediate Care

ICF/MR

Personal Care

 II. CONTROL (check one in each column)

State

☒ Profit☒ Individual

County

Nonprofit

Partnership

City

Corporation

☒ Private**II. OWNERSHIP**

Name and address of individual owner, partners or corporation. If partnership, list partners.

Alfred E. McGregor1450 Westown RoadLexington, Kentucky 40511

(OVER)

JK

If facility owned or leased by a corporation, complete the following:

Name of corporation _____

Address of corporation _____

President or Chairman _____

Vice President _____

Secretary _____

Treasurer _____

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent

Management Company

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Melissa Morris

Signature of authorized representative

Asst. Administrator 2-1-2012

Title

Date

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

OIG 5
(10/2002)